

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
03-020

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTER FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 11/01/03

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 431.53 and Section 1902(a) (4) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 -0-
b. FFY 2004 -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1 to Attachment 3.1 - D (1)
Page 1 to Attachment 3.1 - D (2)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Page 1 to Attachment 3.1 - D (1)
Page 1 to Attachment 3.1 - D (2)

10. SUBJECT OF AMENDMENT: The Department of Social Services is proposing to change Non-emergency Medical Transportation language from "medical services to "Medicaid covered services" contained in Attachment 3.1 - D (1-2) consistent with the intent of the Plan.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
December 29, 2003

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Lee Vander Baan

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 31, 2003

18. DATE APPROVED: March 5, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Bruce D. Greenstein

22. TITLE: Associate Regional Administrator, DMCH

23. REMARKS:

Connecticut (03-020)

Approved: 03/05/04
Effective: 11/01/03

METHODS OF PROVIDING TRANSPORTATION
MEDICALLY NEEDY GROUPS

The State agency will assure necessary transportation of Medicaid clients to and from providers of Medicaid covered services, when transportation cannot be provided from the client's own resources, or by volunteer organizations or agencies. The provision of medical transportation services will be assured through administrative means.

The State agency will contract with organizations for the coordination of nonemergency medical transportation services. These organizations will be responsible for authorizing, arranging, and through subcontracts providing the following types of transportation: private automobile, bus, taxi, sedan, wheelchair van, train, travel agent, and air transportation.

The organizations will be responsible for authorizing nonemergency ambulance trips, but will not be responsible for reimbursement of these services. Claims for nonemergency and emergency ambulance trips will continue to be reimbursed through the Department's fiscal agent for payment. These organizations will be responsible for reimbursing clients who use private automobile or public transportation.

The State agency will pay the organizations monthly payments based on a per person rate. The capitation payment amounts will reflect the State agency's estimate of the monthly enrollment and transportation costs that would otherwise occur in the fee-for-service setting.

TN # 03-020
Supersedes
TN #97-008

Approval Date 3/5/04

Effective Date 11/1/2003

OFFICIAL

METHODS OF PROVIDING TRANSPORTATION
CATEGORICALLY NEEDY GROUPS

The State agency will assure necessary transportation of Medicaid clients to and from providers of Medicaid covered services, when transportation cannot be provided from the client's own resources, or by volunteer organizations or agencies. The provision of medical transportation services will be assured through administrative means.

The State agency will contract with organizations for the coordination of nonemergency medical transportation services. These organizations will be responsible for authorizing, arranging, and through subcontracts providing the following types of transportation: private automobile, bus, taxi, sedan, wheelchair van, train, travel agent, and air transportation.

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